

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/636781</u> FILING DATE					
APPLICANT(S)												
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	
1								51				
2								52				
3								53				
4								54				
5								55				
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42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.	1							TOTAL IND.				
TOTAL DEP.	11							TOTAL DEP.				
TOTAL CLAIMS	12							TOTAL CLAIMS				